
Full Name of Party Submitting This Document

Mailing Address (Street or Post Office Box)

City, State and Zip Code

Telephone Number

IN THE DISTRICT COURT OF THE _____ JUDICIAL DISTRICT OF
THE STATE OF IDAHO, IN AND FOR THE COUNTY OF _____

_____,
Father,
vs.

_____,
Mother

State of Idaho, Department of Health and Welfare

Case No.: _____

ORDER ALLOWING
INTERVENTION

This matter came before the Court on the [] mother's [] father's Motion to Intervene.
It is ORDERED [] Mother [] Father named _____
may intervene in this case and file documents reflecting herself/himself as a party in the case.
The case caption shall name both parents.

Date: _____, 20____.

Magistrate

CLERK'S CERTIFICATE OF SERVICE:

I certify I served a copy: (Fill in the mailing address of the attorney for the Department of Health & Welfare and the other parent's name and mailing address)

To: State of Idaho, Department of Health
And Welfare, Division of Child Support
Enforcement

(Name)

☐ By Hand-delivery

(Address)

☐ By Mailing

☐ By Fax

(City, State and Zip)

To:

(Name)

☐ By Hand-delivery

(Address)

☐ By Mailing

☐ By Fax

(City, State and Zip)

Date: _____

Deputy Clerk of the District Court